WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16295 2203

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Kansas City Gen. Hosp. St. Ward)

2. FULL NAME James F. Smith

(a) Residence. No. Little Sisters of the Poor Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sussie F. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	0	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Officer St. M. R. 1861
(b) General nature of industry, business, or establishment in which employed (or employer) 1942
(c) Name of employer 162

260

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

2

PARENTS

10. NAME OF FATHER Prospect Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Percilla Brazzell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Record Clerk
(Address) K.C. Gen. Hosp.

15. FILED 5/24 1930 M. M. Crowe asst REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-23 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-14, 1930, to 5-23, 1930 that I last saw him alive on 5-23, 1930, and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of femur
Acc fall

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility and General Debility (duration) yrs. mos. ds.

185

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 10

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Williams, M. D.

5-24, 1930 (Address) Supt K.C. Gen. Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Washington	May 26 1930
20. UNDERTAKER	ADDRESS
Mrs. C. L. Forster	K.C. Mo.